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REFLECTIONS IN MEDICINE

More Than A Prescription

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She came to the clinic, as usual, an hour early. She was young, in her forties, but carried a deep, personal suffering beyond her years and what most could imagine. She was a seamstress who fled from Syria with her husband and two small children after the outbreak of the civil war. Through our interpreter, she alluded to the unspeakable trauma she endured in her homeland. Here in Maine, she was adrift. She did not know the language, did not have a car, and rarely left her house. She did not cook because she could not read the labels in the supermarket. At home, her husband would not speak to her because of her severe depression. Cut off from the friends and family she depended on in Syria, she lacked the support network and community she once had.

Like the last time she was here, we talked about her pain. She felt pain everywhere. All her joints were screaming. She was unable to walk comfortably and often laid in bed at home. She felt sciatic back pain radiating down her legs, her head was in a fog of complex migraines, and she had chronic dysuria.

I ordered test after test and made referral after referral. Magnetic resonance imaging, X-Rays, inflammatory markers, urinalysis—everything came back with normal results. Physical therapy, counseling, spinal injections, physiatry, and all brands of pain meds had all failed. Lifestyle changes, such as exercise, diet, and sleep hygiene were equally ineffective. Still, she kept coming to me, looking for answers I did not have.

The night after a clinic appointment with her, I arrived at a yoga class and was greeted by a familiar teacher and friends. The next hour included physical exercise and a sense of community that

brought me peace inside and out. As I rolled up my mat, I wished I could prescribe this peace to my patient, to share this feeling of belonging and community.

With that in mind, my colleagues and I started a yoga class for our female immigrant patients. Slowly, the women came. They spoke 10 different languages, were a variety of ages, and came from diverse backgrounds. At first, they seemed unsure and a little lost. This trepidation was softened by the warm, soft-spoken yoga teacher who took the time to learn their names and asked them to teach her phrases in their languages. Soon faithful contingent of 5 to 7 participants joined the classes every week, greeting each other with hugs and carpooling in the taxis the program provided. The ladies laughed their way through the difficult yoga poses and encouraged each other when the poses seemed impossible. While waiting for their transportation after class, they began to talk, often teaching each other phrases in their native languages and in English. Many participants noted that while the yoga had helped with their physical pain, the community of women was the reason they continued to participate. Though we provided the space, the participants made the class a home.

I was thrilled to see my patient join this community. As her provider, I noticed an immediate difference. She started attending English classes, taking daily walks, wearing makeup, and doing her hair nicely before her doctor appointments. She reported feeling slightly better in her mood and physical health. Her pain was still present, and we continued to work monthly on improving her daily pain regimen, trialing new therapies and diagnostics, and managing her mental health. But the notable difference in how she carried herself was clear. It seemed belonging to a community made an impact.

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Our most vulnerable female immigrant patients have some of the same struggles as women everywhere, such as childcare, discrimination, and work-life balance. But many also carry trauma in addition. That trauma holds an unbearable weight that can be exacerbated by the need to leave their homes and communities to go to a new place with unfamiliar food, language, and culture. Because of difficulties with transportation, childcare, poverty, and mental health, they are also more likely to socially isolate. The struggles many of our immigrant patients live with every day certainly requires much more than a yoga class. However, helping our vulnerable patients cultivate a sense of belonging in their

community can complement traditional therapies. In my view, this feeling is important to these patients' mental and physical health.

I believe, for many, this sense of belonging extends beyond anything we can prescribe. At a mid-winter class, our Arabic interpreter asked the women about their transportation to yoga that day. Most women took the taxis the program provided. My patient smiled and said that she had walked five miles to get there, and she would be back next week.

Key Words: yoga, immigrant health, alternative medicine